

Palliative Care Service Coordination

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are reaching out to coordinate palliative care services for [Patient's Name]. Our goal is to ensure that [Patient's Name] receives comprehensive support that addresses their physical, emotional, and spiritual needs throughout their illness.

Based on our initial assessment, we believe the following services would be beneficial:

- Symptom management
- Psychosocial support
- Caregiver education
- Spiritual counseling

Please confirm your availability for a care coordination meeting on [Proposed Date] at [Proposed Time]. We look forward to collaborating with you to provide the best possible care for [Patient's Name].

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]